MAXIMUS Federal Services

Case Number:	CM13-0021076		
Date Assigned:	10/11/2013	Date of Injury:	07/11/2003
Decision Date:	01/13/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old female who reported a work-related injury on 07/11/2003. The patient has complaints of ongoing pain in her neck. She underwent a cervical discectomy and fusion to C5-6 and C6-7 in 2009. MRI of the cervical spine noted mild to moderate degenerative changes at C3-4 through C6-7 with a moderate-sided left paracentral disc herniation extending between C5-6 and C6-7. The patient has undergone physical therapy, acupuncture treatments, epidural steroid injections, and medication management. She has also undergone psychiatric evaluation and treatment. The patient's diagnoses are listed as status post anterior cervical discectomy and fusion, hypermobility with junctional pathology and disc annular tear, bilateral carpal tunnel syndrome, and depressive disorder. Medications include Paxil, Wellbutrin, Seroquel, Ambien, Ativan, Norco, Tizanidine and Gabapentin. A clinical note dated 07/17/2013 stated the patient complained of neck pain and radiating arm pain. Examination of the cervical spine revealed a positive head compression sign with left-sided cervical radiculopathy. There was pain on scapular retraction. Urine specimen was obtained on this date to monitor medication use.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone/APAP 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78..

Decision rationale: A clinical note dated 08/14/2013 stated the patient reported significant neck symptomatology with constant numbness and radiation to the left upper extremity. She also complained of ongoing low back pain with radiation to the left lower extremity. Physical exam of the cervical spine revealed significantly reduced range of motion with muscle spasm, left greater than right cervical paraspinal muscles, as well as the upper trapezius muscles. The patient was given injections of Toradol and vitamin B12 complex. Previous urine drug screens completed by the patient noted consistent findings with the patient's prescribed medications. It was noted that the patient had been taking 4 Norco 10/325 mg 4 times a day for quite a long period. The doctor stated that he was attempting to detoxify this patient. It was noted that the Norco had been effective because it allowed the patient to perform some activities of daily living, yet there were no functional benefits noted which could be objectively measured due to the use of hydrocodone. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The California Chronic Pain Medical Treatment Guidelines recommend the continued use of Norco (hydrocodone) if there is functional improvement noted with medication use to include benefits which can be objectively measured, such as range of motion, and measurements on pain scales. Given the above, the request for hydrocodone/APAP 10/325 #60 is non-certified.

Theramine #90, two bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Pain Chapter, Theramine..

Decision rationale: Recent clinical documentation stated the patient complained of neck pain and radiating arm pain. Examination of the cervical spine revealed a positive head compression sign with left-sided cervical radiculopathy. There was pain on scapular retraction. Urine specimen was obtained on this date to monitor medication use. It was noted the patient would be prescribed Theramine, #90, 2 bottles, 2 capsules in the morning and 2 capsules in the evening as a medical food for cervical spine pain relief. Official Disability Guidelines indicate that Theramine is not recommended. Guidelines state that there is no medical need for choline supplementation, except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Side effects of high-dose choline include hypertension, acute GI distress, and cholinergic side effects. Gama-aminobutyric acid is another ingredient of Theramine. Adverse reactions have been associated with treatment of gama-aminobutyric acid to include hypertension, increased heart rate, and anxiety. The guidelines further state that until there are higher quality studies of the ingredients in Theramine, it remains not recommended. Therefore, the request for Theramine, #90, 2 bottles is non-certified.